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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
G. Comer Bates

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38259

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1302 Registrar's No. 5198

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): TRINITY LUTHERN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: CLAY
c. CITY OR TOWN: GASHLAND
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): R# 1 body

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Sampson
c. (Last): Stupps

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 15, 1892
9. AGE (In years last birthday): 64 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee, Dierks Lumber Co. K.C.
10b. KIND OF BUSINESS OR INDUSTRY: ___
11. BIRTHPLACE (City and State or Foreign Country): Piketon, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William S. Stupps
13b. MOTHER'S MAIDEN NAME: Katherine Wyatt
14. NAME OF HUSBAND OR WIFE: Cora E. Stupps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ___
16. SOCIAL SECURITY NO.: 486-03-2838
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Cora E. Stupps
ADDRESS: Gashland, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ___ — 4201
DUE TO (c): ___

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Shock + congestive failure - uremia — 3 days
Pulmonary emphysema — 1 1/2 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ___
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ___
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ___
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ___
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ___

22. *I hereby certify that I attended the deceased from* Sept. 17, 1956, *to* November 27, 1956, *that I last saw the deceased alive on* Nov 27, 1956, *and that death occurred at* 10:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: G. Comer Bates
(Degree or title): M.A
23b. ADDRESS: 329 Armour Road, North Kansas City 16, Mo.
23c. DATE SIGNED: 11/29/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-1-1956
24c. NAME OF CEMETERY OR CREMATORY: White Chapel Cem.
24d. LOCATION (City, town, or county) (State): Clay Co. Mo.

DATE REC'D BY LOCAL REG.: 11-30-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomers, No. K.C. 16, Mo.
ADDRESS: ___

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John U Kalsbeek

Licensed Embalmer No. H-94

P. O. Address No. Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.